

# STUDENT ACCOMMODATION REQUEST FORM

**Completed by School Official\* and Chapter Advisor**

Please read this document in its entirety for instructions. This form must be completed to confirm, in writing, that the Chapter Advisor and **School Official\*** have communicated to develop a reasonable plan on how to best meet an accommodation request for a competitive event by a HOSA member with special needs.

**Student's Competitive Event:** \_\_\_\_\_

Student's Name: \_\_\_\_\_

Chapter/School: \_\_\_\_\_

Student's Division (check **one**):       Middle School       Secondary

Advisor's Name: \_\_\_\_\_ Advisor's Cell Phone #: \_\_\_\_\_

Advisor's E-mail Address: \_\_\_\_\_

## SECTION 1: Student Eligibility

- **A School Official\*** and the Chapter Advisor **MUST** sign below to verify that they have communicated in regard to the named student with special needs on this form in developing the requested accommodation detailed below.
- DO NOT send an actual IEP or other documentation. For purposes of this competition, only this completed form is needed to confirm a requested accommodation in a competition within reason.

**School Official\*** Signature: \_\_\_\_\_

**\*Exceptional children (special education) teacher, guidance counselor, or principal (circle one)**

Chapter Advisor Signature: \_\_\_\_\_

## SECTION 2: Requested Accommodation

- **A School Official\*** or the Chapter Advisor completes this section.
- Based on the developed plan by the Chapter Advisor and School Official, what accommodation is being requested for the student with special needs to compete in the event?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SUBMISSION PROCESS for the State Leadership Conference:**

Once this form is completed, it **must be submitted with the school's SLC paperwork that is mailed to the Florida HOSA State Office with a postmark of February 24<sup>th</sup> or before.** The competitor must also bring a hard copy of this form to present to the Event Manager during their competition time.